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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	onzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Foundation for a Grea	ter America, Inc.		
<u> </u>			
ADDRESS (number and street)	P.O. Box 3587		
▼ Check if different			
than previously reported. (ACC)	Tustin		CA 92781
2. FEC IDENTIFICATION N	UMBER ▼ CITY	<b>(</b> ▲	STATE ▲ ZIP CODE ▲
C C00555862	3. IS	THIS NEW (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (N	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (	YE) Election	on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	<b>x</b> General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on 11 08	in the State of CA
5. Covering Period 1		through 11	M / D D / Y Y Y Y Y 2 Y 2 Y 2 2016
I certify that I have examined the		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Ault, Anastasia, , , er		
Signature of Treasurer Ault,	Anastasia, , ,	[Electronically Filed]	Date 12 / 08 / 2016
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

O FEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		-
Foundation for a Greater America, I	nc.	
Report Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 11 28 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		3813.64
(b) Cash on Hand at Beginning of Reporting Period	5445.27	
(c) Total Receipts (from Line 19)	20830.00	193353.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26275.27	197166.96
7. Total Disbursements (from Line 31)	26264.17	197155.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11.10	11.10
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	220051.56	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	439988.27	
This committee has qualified as a multican	ndidate committee. (see FEC FORM 1M)	
F	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

i danadion for a Groator / information	Foundation	for a	Greater	America,	Inc.
--	------------	-------	---------	----------	------

Report Covering the Period: From:	20 2016	To: 11 28 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	5335.00	151715 55
(i) Itemized (use Schedule A)	3333.00	151715.55
(ii) Unitemized	3645.00	27450.77
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	8980.00	179166.32
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees	4 4 4 4	4 4
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	8980.00	179166.32
. Transfers From Affiliated/Other	200	0.00
Party Committees	0.00	0.00
. All Loans Received	11850.00	12650.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7 7 7	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	3 3 3	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		4527.00
(Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	1537.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
,	4 4	4 4
(b) Levin Funds (from Schedule H5)	0.00	0.00
, , , , , , , , , , , , , , , , , , , ,		4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),	20020.00	193353.32
12, 13, 14, 15, 16, 17, and 18(c))▶	20830.00	193353.32
. Total Federal Receipts	<del> </del>	
(subtract Line 18(c) from Line 19)▶	20830.00	193353.32

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4 4 4	
Expenditures(c) Total Operating Expenditures	13164.17	184055.86
(add 21(a)(i), (a)(ii), and (b))▶	13164.17	184055.86
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	4 4
(use Schedule F)	0.00	0.00
Loan Repayments Made	13100.00	13100.00
Loans MadeRefunds of Contributions_To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20)  (a) Allocated Federal Election Activity  (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		7 7 7
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26264.17	197155.86
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	26264.17	197155.86
•	20201.17	197 100.80

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 8980.00 179166.32 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 8980.00 179166.32 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 13164.17 184055.86 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 13164.17 184055.86 (subtract Line 37 from Line 36) ......

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

F	FOR LINE NUMBER:				PAGE	6	OF	52	
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	6	17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beck, Jacqueline B., , , Date of Receipt Mailing Address 2322 Trescott Drive 2016 20 City Zip Code State Transaction ID: INCA4679 FL Tallahassee 32308 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired n/a Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Beckles, Gloria, , , Date of Receipt Mailing Address 3087 Winfield Circle 10 2016 City State Zip Code Transaction ID: INCA4710 GA Tucker 30084 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Precision Production Occupations Owner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bennet, LeEtta, , , Date of Receipt Mailing Address 240 North Pierce Street 10 20 2016 City State Zip Code Transaction ID: INCA4692 SD Salem 57058 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired n/a Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional).....

### ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) 52 FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bloom, Barbara D., , , Date of Receipt Mailing Address 3 Woodmeadow Lane 2016 City Zip Code State Transaction ID: INCA4717 NJ Princeton Junction 08550 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) College of Staten Island Associate Professor of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bloom, Barbara D., , , Date of Receipt Mailing Address 3 Woodmeadow Lane 2016 City State Zip Code Transaction ID : INCA4716 NJ Princeton Junction 08550 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) College of Staten Island Associate Professor of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 550.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Davis, Norma, , , Date of Receipt

Mailing Address 1308 Lasuen Drive 10 20 2016 City State Zip Code Transaction ID: INCA4683 CA Millbrae 94030 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 19810.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Davis, Norma, , , Date of Receipt Mailing Address 1308 Lasuen Drive 2016 City Zip Code State Transaction ID: INCA4699 CA Millbrae 94030 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 19810.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Durrwachter, Sylvia R., , , Date of Receipt Mailing Address 809 West 5th Street 10 2016 City State Zip Code Transaction ID: INCA4673 Port Angeles WA 98363 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Fraser, Edie A., , , Date of Receipt Mailing Address 2916 32nd Street NW 10 24 2016 City Zip Code State Transaction ID: INCA4700 DC Washington 20008 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) STEMconnector Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Freymann, Ruth K., , , Date of Receipt Mailing Address 355 Blackstone Blvd., Apt. 201 2016 City Zip Code State Transaction ID: INCA4702 RΙ Providence 02906 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired n/a Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Halsey, George A., , , Date of Receipt Mailing Address 111 Camellia Way 10 2016 City State Zip Code Transaction ID: INCA4706 Hendersonville NC 28739 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Halsey, George A., , , Date of Receipt Mailing Address 111 Camellia Way 10 26 2016 City Zip Code State Transaction ID: INCA4709 NC Hendersonville 28739 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) 160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hayes, Cecil E., , , Date of Receipt Mailing Address 5229 Ivanhoe Place, NE 2016 City Zip Code State Transaction ID: INCA4688 WA Seattle 98105 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cecil E. Haves Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Henderson, Gloria M., , , Date of Receipt Mailing Address 2442 Chapel Hill Road 10 2016 City State Zip Code Transaction ID: INCA4714 Griffin GA 30224 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 850.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Henderson, Gloria M., , , Date of Receipt Mailing Address 2442 Chapel Hill Road 10 2016 City State Zip Code Transaction ID: INCA4711 GΑ Griffin 30224 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired n/a Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hull, Brooke B., , , Date of Receipt Mailing Address 7010 Southwest Rice Court 2016 City Zip Code State Transaction ID: INCA4697 OR Portland 97223 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Certified Nurse Brooke B. Hull Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Neil, Mary C., , , Date of Receipt Mailing Address 2618 Starlight Court 10 2016 City State Zip Code Transaction ID: INCA4669 San Antonio TX 78261 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Podolsky, Kathleen M., , , Date of Receipt Mailing Address 300 Davey Glen Road, Apt. 3925 10 24 2016 City Zip Code State Transaction ID: INCA4701 CA Belmont 94002 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired n/a Receipt For: Aggregate Year-to-Date ▼ Primary General 465.00 Other (specify) 325.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shapard, Virgina M., , , Date of Receipt Mailing Address 2251 Jackson Road 2016 City Zip Code State Transaction ID: INCA4662 GA Griffin 30223 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired n/a Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sims, Donald R., , , Date of Receipt Mailing Address 130 Baywatch Circle 10 2016 City State Zip Code Transaction ID: INCA4678 GA Fayetteville 30215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stelzner, Patricia, , , Date of Receipt Mailing Address 3521 Campbell Court NW 10 20 2016 City Zip Code State Transaction ID: INCA4681 NM Albuquerque 87104 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 6350.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

52 FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Werlinich, Lucille, , , Date of Receipt Mailing Address 18 Ponds Lane 2016 City Zip Code State Transaction ID: INCA4704 NY **Puchase** 10577 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired n/a Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. White, Nancy M., , , Date of Receipt Mailing Address 1516 Enyart Way, #204 10 2016 City State Zip Code Transaction ID: INCA4712 MD Annapolis 21409 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wilke, Linda L., , , Date of Receipt Mailing Address 302 Mission Lane 10 2016 City Zip Code State Transaction ID: INCA4695 WV Bunker Hill 25413 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

52 FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Williams, Elizabeth S., , , Date of Receipt Mailing Address 2 Bishop Gadsden Way 2016 City Zip Code State Transaction ID: INCA4707 SC Charleston 29412 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 2200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... 5335.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 52 (check only one)
Any information copied from such Reports and Sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)  Foundation for a Greater Ameri	ica, Inc.		
Full Name of Individual (Last, First, Middle In Ault III, Milton C., , ,  Mailing Address 13101 Cottonwood  City Santa Ana  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	State CA	Zip Code 92705	Date of Receipt  10 28 2016  Transaction ID : PAYA4721  Amount of Each Receipt this Period  1500.00  Memo Item
Ault Glazer & Company Receipt For:  Primary General  Other (specify) ▼		airman & Chief Executive Officer  Year-to-Date ▼  12650.00	]
Full Name of Individual (Last, First, Middle In Ault III, Milton C., , ,  Mailing Address 13101 Cottonwood  City	State	Organization Name	Date of Receipt  11 10 2016  Transaction ID : PAYA4667
Santa Ana  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	CA	92705  supation (for Individual)	Amount of Each Receipt this Period  10300.00  Memo Item
Ault Glazer & Company  Receipt For:  Primary General  Other (specify) ▼		airman & Chief Executive Officer  Year-to-Date ▼  12650.00	]
Full Name of Individual (Last, First, Middle In Ault III, Milton C., , ,  Mailing Address 13101 Cottonwood	itial) or Full C	Organization Name	Date of Receipt
City Santa Ana  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Ault Glazer & Company  Receipt For:  Primary General Other (specify)	Cha	Zip Code 92705  upation (for Individual) iirman & Chief Executive Officer Year-to-Date ▼  12650.00	Transaction ID : PAYA4694  Amount of Each Receipt this Period  50.00  Memo Item
SUBTOTAL of Receipts This Page (optional)			11850.00

TOTAL This Period (last page this line number only).....

11850.00

### ľ

SCHEDULE B (FEC Form 3X)	Use separa	ate schedule(s)		NE NUMBER: PAGE 16 OF 52 only one)								
ITEMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page	21	b 22 23 26 27								
Any information copied from such Reports and State or for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full)		, po										
Foundation for a Greater America,	Inc.											
Full Name (Last, First, Middle Initial)				Data of Dishusament								
A. Ault, Anastasia, , ,				Date of Disbursement								
Mailing Address 8686 Merced Circle, Unit 1007 D				10 21 2016								
City Costa Mesa	State CA	Zip Code 92626		FEC Identification Number								
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Full Name (Last, First, Middle Initial)  C. Bandb, Ltd.				Date of Disbursement								
Mailing Address 132 Old Sib Road				10 20 2016								
City Ridgefield	State CT	Zip Code 06877		FEC Identification Number								
Purpose of Disbursement Telephone Fundraising Services Candidate Name			003	C Transaction ID : EXPB4649								
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State: District:  Full Name (Last, First, Middle Initial)  C. Remcho, Johansen & Purcell, LLP  Mailing Address 1127 11th Street, Suite 602  City Sacramento Purpose of Disbursement Legal Services  Candidate Name  Candidate Name  Office Sought: House Senate Primary General President Other (specify)  State: District:  Other (specify)  Memo Item  Date of Disbursement  FEC Identification Number  Category/ Type  Transaction ID: EXPB4651  Amount of Each Disbursement this Period  Memo Item  Substortal of Disbursements This Page (optional)		Office Sought: House Disbursen	nent For:	I			24.00									
State: District:  Full Name (Last, First, Middle Initial)  C. Remcho, Johansen & Purcell, LLP  Mailing Address 1127 11th Street, Suite 602  City Sacramento Purpose of Disbursement Legal Services Candidate Name  Office Sought: House Disbursement For: Senate President State: District:  Substock Initially Date of Disbursement  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Memo Item  Substock Initially  Memo Item  State: District:  Substock Initially  Date of Disbursement  FEC Identification Number  Category/ Type  Memo Item  Substock Initially  And Initially  Date of Disbursement  Memo Item  Substock Initially  Memo Item  Substock Initially  And Initially  Memo Item  Substock Initially  Memo Item  Substock Initially  And Initially  Initial			•													
Full Name (Last, First, Middle Initial)  C. Remcho, Johansen & Purcell, LLP  Mailing Address 1127 11th Street, Suite 602  City Sacramento Purpose of Disbursement Legal Services Candidate Name  Office Sought: House Primary Office Sought: Senate President State: District:  District:  Date of Disbursement  FEC Identification Number  Category/ Type  Transaction ID: EXPB4651  Amount of Each Disbursement this Period  Memo Item  S44.00			Other (speci	ify)			Memo Item									
C. Remcho, Johansen & Purcell, LLP    Mailing Address 1127 11th Street, Suite 602   Date of Disbursement	_															
City Sacramento Purpose of Disbursement Legal Services Candidate Name  Office Sought: House President State: District:  State Zip Code 95814  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Transaction ID: EXPB4651  Amount of Each Disbursement this Period  Memo Item  Subtrotal of Disbursements This Page (optional)	C.	•					Date o	f Dis	bursei	ment	1					
City Sacramento Purpose of Disbursement Legal Services Candidate Name  Office Sought: House Senate President State: District:  State Zip Code 95814  Category/ Type  Category/ Type  FEC Identification Number  C Transaction ID: EXPB4651  Amount of Each Disbursement this Period  Memo Item  Subtrotal of Disbursements This Page (optional)		Remond, Johansen & Farcen, ELI					M M	/	D	D .	/ Y	YY	Υ			
Sacramento Purpose of Disbursement Legal Services Candidate Name  Category/ Type  Office Sought: House Senate President President State: District:  Category/ Type  Disbursement For: Senate Primary General Other (specify)  Memo Item		Mailing Address 1127 11th Street, Suite 602					10		20	)	L	2016				
Purpose of Disbursement Legal Services  Candidate Name  Office Sought: House Disbursement For: Senate Primary General President State: District:  Substrict: Memo Item  Category/ Type  Category/ Type  Memo Item							FEC Id	lentif	ication	Nur	nber					
Legal Services  Candidate Name  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  Substrict: Transaction ID : EXPB4651  Amount of Each Disbursement this Period  Memo Item  544.00			CA	95814				-	_	_		-				
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substrict: Memo Item  Fransaction ID: EXPB4651  Amount of Each Disbursement this Period  Memo Item  500.00					001											
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)		Candidate Name			Catego	y/										
State: Other (specify)   Substrict: Memo Item  Substrict: Memo Item		Office Sought: House Disburser	nent For:			_	_	_	500.0	0						
State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)		Senate	Primary	4 4												
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	Ţ	OTAL This Period (last page this line number only)				_										

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S	CHEDULE B (FEC Form 3X)	FOR LINE					E NUMBER: PAGE 20 OF 52							
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(ch		only			1 00					
			Detailed Summary Page			21b	22 29h		23		26	27		
_		1				28a	28b		28c		29	30b		
	ly information copied from such Reports and State for commercial purposes, other than using the nar													
$\sqrt{}$	NAME OF COMMITTEE (In Full)													
	Foundation for a Greater America,	Inc.												
_	Full Name (Last, First, Middle Initial)						- ·							
Α.							Date of Disbursement							
	Mailing Address 3131 South Vaughn Way, Suite 35						11	_	02	2	<u></u>	2016		
	,	State CO	Zip Code				FEC Io	lenti	fication	Nun	nber			
	Aurora Purpose of Disbursement		80014						-		-	-		
	Merchant Fees			0	01		C							
	Candidate Name				-				action			663 ent this P	oriod	
				Cate Ty	gor /pe	y/	Amoun	i Oi	Lacii	DISDU	1 Sellie	iii iiis r	enou	
	Office Sought: House Disburse	ment For:			-							33.67	,	
	Senate	Primary	General						,		,			
	President	Other (spec	cify) ▼				Me	emo	Item					
_	State: District:													
R	Full Name (Last, First, Middle Initial)  TransFirst, LLC						Date o	f Di	shursei	ment				
٠.	Hallsfilst, LLC						M M		D		V	Y	V	
	Mailing Address 3131 South Vaughn Way, Suite 3	50					11 10 2016							
	City	State	Zip Code				FEC Io	lenti	fication	Nur	her			
	Aurora	CO 80014							iloation	Ivan	1001	-		
	Purpose of Disbursement Merchant Fees		001					Transaction ID : EXPB4670						
	Candidate Name													
				Category/ Type				Amount of Each Disbursement this Perio						
	Office Sought: House Disburse	ment For:	Туре				816.55							
	Senate	Primary	General				7 7 7							
	President	Other (spec	ner (specify)					Memo Item						
_	State: District:							World Rell						
C.	Full Name (Last, First, Middle Initial) U.S. Bank						Date o	f Di	sbursei	ment				
							M M	1	D		Υ	Y	Υ	
	Mailing Address 16061 Brookhurst Street						11	-	15	5		2016	_	
		State	Zip Code				FEC Io	lenti	fication	Num	nber			
	Fountain Valley	CA	92708									-		
	Purpose of Disbursement Bank Fee			0	01		C	ansa	action	ID : E	XPB4	684		
	Candidate Name			Cate	egor /pe	y/	Amoun	t of	Each	Disbu	rseme	ent this P	eriod	
	Office Sought: House Disburse	ment For:		.,						_		36.00	)	
	Senate	Primary General							7		1	- 4		
	President	Other (spec	ther (specify) ▼					Memo Item						
	State: District:							0	.,					
8	UBTOTAL of Disbursements This Page (optional)					<b>-</b>			<del></del>		7	886.2	2	
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SCHEDULE B (FEC Form 3X)			NE NUMBER: PAGE 21 OF 52				
ITEMIZED DISBURSEMENTS	SEMENTS  Use separate schedule( for each category of the			ily one)	¬		
	Detailed Summary Pa			22	23	26	27 20b
[		288		28c	29	30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Foundation for a Greater America	, Inc.						
Full Name (Last, First, Middle Initial)				D	· ·		
A. U.S. Bank		Date of I	Disburser		YYY		
Mailing Address 16061 Brookhurst Street				11	15		2016
City	Zip Code		FEC Ider	ntification	Number		
Fountain Valley Purpose of Disbursement	CA	92708			-		
Bank Fee			001	C			
Candidate Name						ID : EXPB	
			Category/ Type	Amount	or Each i	Disbursem	ent this Period
Office Sought: House Disburse	ement For:				- T		97.95
Senate	Primary	General					
State: District:	Other (sp	ecity) ▼		Mem	o Item		
Full Name (Last, First, Middle Initial)							
B. U.S. Bank				Date of I	Disburser	ment	
				М = М	/ D	D / Y	YYY
Mailing Address 16061 Brookhurst Street 11 15 201							2016
City	State CA	Zip Code		FEC Ider	ntification	Number	
Fountain Valley Purpose of Disbursement	CA	92708		C			
Bank Fee		Transaction ID : EXPB4685					
Candidate Name	Category/				ent this Period		
Туре							00.00
Office Sought: House Disburse Senate	ment For: Primary	General			7-1	7	36.00
President	ecify)		П				
State: District:	] (-)	· · · · · · · · · · · · · · · · · · ·		Mem	o Item		
Full Name (Last, First, Middle Initial)							
C.				Date of I	Disburser	ment	
Mailing Address				MM	/ D	D / Y	Y
City	State	Zip Code		FEC Ider	ntification	Number	
Purpose of Disbursement				C			
	[ ]						
Candidate Name			Category/	Amount of	of Each I	Disbursem	ent this Period
Office Sought: House Disburse	Туре						
Senate	General			7	7		
President		Mem	o Item				
State: District:					- 1.0111		
CURTOTAL of Dichuracomente This Dame (arthurs)						-	133.95
SUBTOTAL of Disbursements This Page (optional)			······	-	7	- 7	.55.00
TOTAL This Period (last page this line number only	/)						13164.17

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50	CHEDULE B (FEC Form 3X)	11		TOTT EINE NOMBETT				E 22 OF	F 52
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	Detailed Summary			21b		23 28c	26 29	27 30b	
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	for commercial purposes, other than using the nar								
$\setminus$	NAME OF COMMITTEE (In Full)								
$  \ \rangle$	Foundation for a Greater America,	Inc.							
$\angle$	·								
Δ	Full Name (Last, First, Middle Initial)				Date of	Disbursem	ent		
Λ.	Church, Judson A., , ,				M M	/ D D		YYY	
	Mailing Address 764 Pines Lake Drive West				10	21		2016	
	,	State NJ	Zip Code		FEC Identification Number				
	Wayne Purpose of Disbursement	INJ	07470					-	
	Talpose of Biobarcontent				C				
	Candidate Name			Category/		nsaction IC of Each Di		-	eriod
				Type	, anount	5. <u>_</u> uon b			-
		ment For:			] [	7	7	2000.00	
	Senate	Primary	General						
	State: District:	Other (spec	CITY) $\blacktriangledown$		Mer	no Item			
_	Full Name (Last, First, Middle Initial)								
В.					Date of	Disbursem	ent		
					M = M	/ D D	/ Y	Y	
	Mailing Address 764 Pines Lake Drive West				10	28	J L	2016	
	City	State	Zip Code		FEC. Ide	entification I	Number		
	Wayne	NJ	07470			Titilloation i	Turribor	-	
	Purpose of Disbursement			· · · ·	C				
	Candidate Name			Ostonoví	1	nsaction ID			
				Category/ Type	Amount	of Each Di	isburseme	ent this Pe	erioa
	Office Sought: House Disburser	ment For:	I		11	-		1500.00	
	Senate	Primary	General						
	President	Other (spec	cify)		Mer	no Item			
_	State: District:								
C.	Full Name (Last, First, Middle Initial)				Date of	Disbursem	ent		
٠.	Church, Judson A., , ,				M M	/ D D	_	YYYY	
	Mailing Address 764 Pines Lake Drive West				11	15	], [_	2016	
	City	State	Zip Code		EEO 14-	entification !	Numbor		
	Wayne	NJ	07470		]	entification I	rvurriber		
	Purpose of Disbursement								
	Candidate Name					nsaction ID			
	Candidate Name			Category/ Type	Amount	of Each Di	isburseme	ent this Pe	eriod
	Office Sought: House Disburser	ment For:		1300	+			9600.00	)
	Senate	Primary	General			7		1 45	
	President	Other (spec	cify) ▼		Mer	no Item			
_	State: District:								
								13100.00	
L	UBTOTAL of Disbursements This Page (optional)			·····•		7	-	13100.00	
٦	OTAL This Period (last page this line number only)	)						13100.00	0
1 '	(Idot pago tino inio ridinibol Offly)	,							

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full)			Transaction ID - DCVC2460	
AME OF COMMITTEE (In Full)  Foundation for a Greater A	merica,	Inc.	Transaction ID : RCVC3469	
LOAN SOURCE Full Name (Las Finiks Capital, LLC	t, First, M	iddle Initial)	N	
Mailing Address 3625 W. MacArthu	ır Blvd., #3	02	Other (specify) ▼	
City		State	ZIP Code	
Santa Ana CA 9270			92704	
Original Amount of Loan  Cumulative Payment To  43813.34			yment To Date Balance Outstanding at Close of This Period  23461.78 20351.56	
TERMS				
Date Incurred  11 / 17 / 2014	Y	11 / 17	Date Due Interest Rate Secured:    Y Y 2017	
List All Endorsers or Guarantors	(if any)	to Loan Source		
1. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)				
OTALS This Period (last page in this line only)				
Carry outstanding balance only to L	INE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X				
IAME OF COMMITTEE (In Full) Foundation for a Greater America,	Inc.	Transaction ID : RCVC3461				
LOAN SOURCE Full Name (Last, First, M Finiks Capital, LLC	iddle Initial)	N ☐ Memo Item				
Mailing Address 3625 W. MacArthur Blvd., #3	02	Other (specify) ▼				
City	State	ZIP Code				
Santa Ana CA 92704		92704				
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period				
21100.00		0.00 21100.00				
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:				
M11 / 18 / Y 2014 Y	11 / 18	<sup>1</sup> 2017 0.00 % (apr) Yes <b>x</b> No				
List All Endorsers or Guarantors (if any)	to Loan Source					
Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	'	Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)						
	OTALS This Period (last page in this line only)					
carry outstanding balance only to LINE 3. Sc	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Foundation for a Greater America,	Inc.	Transaction ID : RCVC3501		
LOAN SOURCE Full Name (Last, First, M Finiks Capital, LLC	iddle Initial)	N		
Mailing Address 3625 W. MacArthur Blvd., #3	02	General Other (specify) ▼		
City	State	ZIP Code		
Santa Ana	CA	92704		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
100000.00		0.00 100000.00		
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:		
M 11 M / D 18 D / Y 2014	05 / 18	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	•	Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line on				
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	26	OF	52	

		Detailed Summary Page FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full)		Transaction ID : RCVC3956			
Foundation for a Greater America	a, Inc.				
LOAN SOURCE Full Name (Last, First, Finiks Capital, LLC	Middle Initial)	N			
Mailing Address 3625 W. MacArthur Blvd., #	<del>1</del> 302	Other (specify) ▼			
City	State 2	ZIP Code			
Santa Ana	CA	92704			
Original Amount of Loan	Cumulative Paym	nent To Date Balance Outstanding at Close of This Period			
1200.00	1 1 4	0.00 1200.00			
TERMS  Date Incurred	Date	e Due Interest Rate Secured:			
M01 / 30 / Y 2015 Y	01 / 30	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any	) to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional	ıl)	1200.00			
TOTALS This Period (last page in this line of	DTALS This Period (last page in this line only)				
Carry outstanding halance only to LINE 3.5	Schedule D for this I	ine If no Schedule D. carry forward to appropriate line of Summary			

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Foundation for a Greater America,	, Inc.	Transaction ID : RCVC3958		
LOAN SOURCE Full Name (Last, First, M Finiks Capital, LLC	iddle Initial)	N		
Mailing Address 3625 W. MacArthur Blvd., #3	02	Other (specify) ▼		
City	State	ZIP Code		
Santa Ana CA 92704		92704		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
77400.00	-	0.00 77400.00		
TERMS  Date Incurred	D:	ate Due Interest Rate Secured:		
M 01 M / 30 / 2015	01 / 30	0.00		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line on	ly)			
Carry outstanding balance only to LINE 3. So	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		, , , , , , , , , , , , , , , , , , , ,		
IAME OF COMMITTEE (In Full)  Foundation for a Greater Americ	ca, Inc.	Transaction ID : PAYC4645		
LOAN SOURCE Full Name (Last, First Ault III, Milton C., , ,	, Middle Initial)	N		
Mailing Address 13101 Cottonwood		Other (specify) ▼		
City	State	ZIP Code		
Santa Ana	CA	92705		
Original Amount of Loan Cumulative Payment T		ment To Date Balance Outstanding at Close of This Period		
800.00		0.00		
TERMS  Date Incurred		ate Due Interest Rate Secured:		
M 10	10 / 03	15.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if ar	y) to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	,	Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
**TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3,	Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		, , , , , , , , , , , , , , , , , , , ,		
IAME OF COMMITTEE (In Full)  Foundation for a Greater Amer	ica, Inc.	Transaction ID : PAYC4721		
LOAN SOURCE Full Name (Last, Fire Ault III, Milton C., , ,	st, Middle Initial)	N ☐ Memo Item		
Mailing Address 13101 Cottonwood		Other (specify) ▼		
City	State	ZIP Code		
Santa Ana	CA	92705		
Original Amount of Loan Cumulative Payment T		ment To Date Balance Outstanding at Close of This Period		
1500.00		0.00 1500.00		
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:		
10 <sup>M</sup> / 28 <sup>D</sup> / Y 2016	10 / 28	0.00 <b>%</b> (apr) Yes <b>✗</b> No		
List All Endorsers or Guarantors (if a	**			
Full Name (Last, First, Middle Initial)	)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
OTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE	3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfilliary Page   FOR LINE 13 OF FORM 3X				
IAME OF COMMITTEE (In Full) Foundation for a Greater Americ	a, Inc.	Transaction ID : PAYC4667				
LOAN SOURCE Full Name (Last, First, Ault III, Milton C., , ,	Middle Initial)	N ☐ Memo Item				
Mailing Address 13101 Cottonwood		Other (specify) ▼				
City	State	ZIP Code				
Santa Ana	CA	92705				
Original Amount of Loan	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period				
10300.00		0.00 10300.00				
TERMS  Date Incurred	D	ate Due Interest Rate Secured:				
M 11 M / D 10 D / Y 2016	11 / 10	0.00 % (apr) Yes X No				
List All Endorsers or Guarantors (if any	) to Loan Source					
Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)						
	OTALS This Period (last page in this line only)					
Carry outstanging palance only to LINE 3.	scneaule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

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		POR LINE 13 OF FORM 3X		
AME OF COMMITTEE (In Full)	_	Transaction ID : PAYC4694		
Foundation for a Greater Americation	a, Inc.			
LOAN SOURCE Full Name (Last, First, Ault III, Milton C., , ,	Middle Initial)	N ☐ Memo Item		
Mailing Address 13101 Cottonwood		Other (specify) ▼		
City	State Z	ZIP Code		
Santa Ana	CA	92705		
Original Amount of Loan	Cumulative Payme	ent To Date Balance Outstanding at Close of This Period		
50.00		0.00 50.00		
TERMS  Date Incurred	Date	e Due Interest Rate Secured:		
M11 / 16 / Y 2016	11 / 16	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any	) to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	•	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line of				
Carry outstanding balance only to LINE 3. 9	Schedule D. for this li	ine. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Foundation for a Greater America	, Inc.	Transaction ID : PAYC3820	
LOAN SOURCE Full Name (Last, First, M. Church, Judson A., , ,	fiddle Initial)	N ☐ Memo Item   Election: ☐ Primary ☐ General	
Mailing Address 764 Pines Lake Drive West  Other (specify) ▼			
City	State ZIP (	Code	
Wayne	NJ 07	470	
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Period	
250000.00		66150.00 183850.00	
TERMS  Date Incurred	Date Du	te Interest Rate Secured:	
M01 <sup>M</sup> / D27 <sup>D</sup> / Y 2015 Y	11 23	2016 15.00 % (apr) Yes <b>x</b> No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. So	chedule D. for this line.	If no Schedule D, carry forward to appropriate line of Summary.	

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: PAYC3820

Loan Received; See Schedule C

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Foundation for a Greater America,	Inc.	Transaction ID : PAYC1950	
LOAN SOURCE Full Name (Last, First, Mi Church, Judson A., , ,	ddle Initial)	N	
Mailing Address 764 Pines Lake Drive West  Other (specify) ▼			
City	State	ZIP Code	
Wayne	NJ	07470	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
10000.00	-	0.00	
TERMS  Date Incurred Date Due Interest Rate Secured:			
M07 <sup>M</sup> / D23 <sup>D</sup> / Y 2015 Y	07 / 23	<sup>1</sup> 2017 15.00 <b>%</b> (apr) Yes <b>x</b> No	
List All Endorsers or Guarantors (if any) t	o Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	•	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Sch	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: PAYC1950

Loan Received; See Schedule C

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Potanou duminary rago   Torr Elive 15 of Torrivi 5X		
IAME OF COMMITTEE (In Full)  Foundation for a Greater Americ	ca, Inc.	Transaction ID: PAYC3812		
LOAN SOURCE Full Name (Last, First, CrossClick Media, Inc.	N			
Mailing Address 8725 S. Eastern Avenue, #200-661				
City	State	ZIP Code		
Las Vegas	NV	89123		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
26500.00	1 1 1 1	0.00 26500.00		
TERMS  Date Incurred	D	ate Due Interest Rate Secured:		
M05	11 / 30	/ 2016 10.00		
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Foundation for a Greater America	, Inc.	Transaction ID : PAYC3816	
LOAN SOURCE Full Name (Last, First, M CrossClick Media, Inc.	N ☐ Memo Item		
Mailing Address 8725 S. Eastern Avenue, #2	00-661	Other (specify) ▼	
City	State	ZIP Code	
Las Vegas	NV	89123	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
19000.00	-	0.00	
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:	
M 05 / D 13 D / Y Y 2015	11 / 30	/ 2016 10.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. So	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : PAYC3818
Foundation for a Greater America	, Inc.	
LOAN SOURCE Full Name (Last, First, M	Middle Initial)	N Memo Item Election:
CrossClick Media, Inc.	made initial)	Primary
		General
Mailing Address 8725 S. Eastern Avenue, #2	200-661	U Other (specify) ▼
City	State	ZIP Code
Las Vegas	NV	89123
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period
13200.00		9676.79 3523.21
7 1020.00		
TERMS  Date Incurred	Da	te Due Interest Rate Secured:
05 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	11 / 30	7 2016
		2016
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
		O compatible
Mailing Address		Occupation
City State	ZIP Code	Amount
Siny	2 0000	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
2. Full Name (Leet First Middle Initial)		Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Goodpation
City State	ZIP Code	Amount
		Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount
Citato	211 0000	Guaranteed Outstanding:
		Outstanding.
CURTOTAL & This Deviced This Dags (entires	Λ.	
SUBTOTALS This Period This Page (optiona	J ·····	3523.21
TOTALS This Period (last page in this line or	nly)	
, and a sum of the sum	· · · · · · · · · · · · · · · · · · ·	
Carry outstanding balance only to LINE 3. S	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	_	Transaction ID : PAYC1964
Foundation for a Greater America,	Inc.	
LOAN SOURCE Full Name (Last, First, Mi	iddle Initial)	N Memo Item Election:
Finiks Capital, LLC	idaio iiitiai)	Primary
Mailing Adduses		General Other (consists)
Mailing Address 3625 W. MacArthur Blvd., #30	02	U Other (specify) ▼
0.7	0.44	710.0.1.
City	State	ZIP Code
Santa Ana	CA	92704
Original Amount of Loan	Cumulative Payn	nent To Date Balance Outstanding at Close of This Period
12400.00		2695.00 9705.00
TERMS  Date Incurred	Da	te Due Interest Rate Secured:
07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M / D D D D D D D D D D D D D D D D D D	0.00
07 00 2013	07 00	2017 S.66 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amazunt
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount
Siny State		Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
		Traine of Employer
Mailing Address		Occupation
	1	
City	ZIP Code	Amount Guaranteed
		Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount
5.0,		Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3. Sci	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

			Potanoa Gariniary Fago   Fort Elive 15 Of Fortivi 5X
AME OF COMMITTEE (In Full)  Foundation for a Greater A	merica	Inc	Transaction ID : PAYC3298
Touridation for a Greater A			
LOAN SOURCE Full Name (Las Finiks Capital, LLC	t, First, M	iddle Initial)	N ☐ Memo Item   Election: Primary
			General
Mailing Address 3625 W. MacArthu	ır Blvd., #3	02	☐ Other (specify) ▼
City		State	ZIP Code
Santa Ana		CA	92704
Original Amount of Loan		Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period
500	00.00		0.00 5000.00
TERMS  Date Incurred		D	ate Due Interest Rate Secured:
	Y	10 / 21	0.00
List All Endorsers or Guarantors	(if any)	to Loan Source	
1. Full Name (Last, First, Middle I			Name of Employer
AA-Than Addana			Occupation
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
Walling Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			
Walling Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page	(ontional)		
TODIOTALS THIS FEHOU THIS Fage	(optional)		5000.00
FOTALS This Period (last page in th	is line onl	ly)	
Carry outstanding balance only to L	INF 3. Sc	hedule D. for this	line If no Schedule D. carry forward to appropriate line of Summary

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 41
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41 OF

NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Card Processing & Web Design Services Aristotle International, Inc. Mailing Address 205 Pennsylvania Avenue SE State Zip Code Washington DC 20003 Transaction ID: PAYD3515 Outstanding Balance Beginning This Period 2550.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2550.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Merchant Fees Aristotle International, Inc. Mailing Address 205 Pennsylvania Avenue SE City State Zip Code Washington 20003 Outstanding Balance Beginning This Period Transaction ID: PAYD3805 0.99 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.99 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Card Processing & Web Design Services Aristotle International, Inc. Mailing Address 205 Pennsylvania Avenue SE City State Zip Code Washington DC 20003 Outstanding Balance Beginning This Period Transaction ID: PAYD3807 20000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 20000.00 22550.99 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 42 OF 52 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) oundation for a Greater America, Ind	С.			
	A. Full Name (Last, First, Middle Initial) of Debtor Aristotle International, Inc.	Nature of Debt (Purpose): Merchant Fees			
	Mailing Address 205 Pennsylvania Avenue SE				
	City Washington	State DC	Zip Code 20003		
	Outstanding Balance Beginning This Period 0.99	·		Transaction ID : PAYD3961	
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This F	eriod
	0.00		0.00	0.99	Ц
	B. Full Name (Last, First, Middle Initial) of Debtor (Aristotle International, Inc.	or Creditor		Nature of Debt (Purpose): Merchant Fees	
	Mailing Address 205 Pennsylvania Avenue SE				
	City Washington	State DC	Zip Code 20003		
	Outstanding Balance Beginning This Period 0.99			Transaction ID : PAYD3966	
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This F	'eriod
	0.00	7	0.00		
	C. Full Name (Last, First, Middle Initial) of Debtor Ault, Anastasia, , ,	or Creditor		Nature of Debt (Purpose): Office Supplies	
	Mailing Address 8686 Merced Circle, Unit 1007 D				
	City Costa Mesa	State CA	Zip Code 92626		
	Outstanding Balance Beginning This Period			Transaction ID : PAYD2231	
	Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This F	eriod
	0.00		0.00	12.71	
1)	SUBTOTALS This Period This Page (optional)			14.69	
2)	TOTALS This Period (last page this line number of	only)		<u> </u>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)	<u> </u>	4
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ary Page (last page only	) >	_

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 43 OF
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(check only one)

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Office Supplies Ault, Anastasia, , , Mailing Address 8686 Merced Circle, Unit 1007 D State Zip Code Costa Mesa CA 92626 Transaction ID: PAYD2696 Outstanding Balance Beginning This Period 28.80 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 28.80 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Postage Ault, Anastasia, , , Mailing Address 8686 Merced Circle, Unit 1007 D City State Zip Code Costa Mesa 92626 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3509 19.60 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 19.60 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Merchant Fees Cane, Kyleen, , , Mailing Address 3273 East Warm Springs Road City State Zip Code NV 89014 Henderson Outstanding Balance Beginning This Period Transaction ID: PAYD2448 75.46 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 75.46 0.00 123.86 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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FOR LINE NUMBER: (check only one) 9

NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc.	c.		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Cane, Kyleen, , ,			Nature of Debt (Purpose): Merchant Fees
Mailing Address 3273 East Warm Springs Road			
City Henderson	State NV	Zip Code 89014	
Outstanding Balance Beginning This Period			Transaction ID : PAYD2451
66.72			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	<u> </u>	0.00	66.72
B. Full Name (Last, First, Middle Initial) of Debtor Cane, Kyleen, , ,	or Creditor		Nature of Debt (Purpose): Merchant Fees
Mailing Address 3273 East Warm Springs Road			
City	State	Zip Code	
Henderson	NV	89014	
Outstanding Balance Beginning This Period 57.82			Transaction ID : PAYD2455
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	57.82
C. Full Name (Last, First, Middle Initial) of Debtor Cane, Kyleen, , ,	or Creditor		Nature of Debt (Purpose): Loan Fee
Mailing Address 3273 East Warm Springs Road			
City Henderson	State NV	Zip Code 89014	
Outstanding Balance Beginning This Period			Transaction ID : PAYD3792
450.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	-	0.00	450.00
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	574.54
2) TOTALS This Period (last page this line number	only)	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page on	ıly) ▶	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ry Page (last page only) ▶	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan Interest Cane, Kyleen, , , Mailing Address 3273 East Warm Springs Road State Zip Code Henderson ΝV 89014 Transaction ID: PAYD3793 Outstanding Balance Beginning This Period 820.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 820.87 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan Interest Payment Church, Judson A., , , Mailing Address 764 Pines Lake Drive West City State Zip Code Wayne 07470 NJ Outstanding Balance Beginning This Period Transaction ID: PAYD3969 362.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 362.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Corporate Document Services Corporation Service Company (CSC) Mailing Address P.O. Box 13397 City State Zip Code Philadelphia PA 19101 Outstanding Balance Beginning This Period Transaction ID: PAYD1965 352.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 352.00 1534.87 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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(check only one)

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Interest Fee Corporation Service Company (CSC) Mailing Address P.O. Box 13397 State Zip Code Philadelphia PA 19101 Transaction ID: PAYD2235 Outstanding Balance Beginning This Period 33.84 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 33.84 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Interest Fee Corporation Service Company (CSC) Mailing Address P.O. Box 13397 City State Zip Code Philadelphia 19101 PA Outstanding Balance Beginning This Period Transaction ID: PAYD2701 24.12 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 24.12 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Interest Fee Corporation Service Company (CSC) Mailing Address P.O. Box 13397 City State Zip Code Philadelphia PA 19101 Outstanding Balance Beginning This Period Transaction ID: PAYD3324 8.28 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 8.28 66.24 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)  Foundation for a Greater America, Inc.	).		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Corporation Service Company (CSC)			Nature of Debt (Purpose): Interest Fee
Mailing Address P.O. Box 13397			
City Philadelphia	State PA	Zip Code 19101	
Outstanding Balance Beginning This Period			Transaction ID : PAYD3512
8.28	Dow	ment This Devied	Outstanding Polones at Class of This Paried
Amount Incurred This Period  0.00	Fayi	ment This Period 0.00	Outstanding Balance at Close of This Period 8.28
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	·	Nature of Debt (Purpose):
Corporation Service Company (C	SC)		Interest Fee
Mailing Address P.O. Box 13397			
City Philadelphia	State PA	Zip Code 19101	
Outstanding Balance Beginning This Period			Transaction ID : PAYD3806
15.84  Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
0.00	<u> </u>	0.00	15.84
C. Full Name (Last, First, Middle Initial) of Debtor Corporation Service Company (C			Nature of Debt (Purpose): Interest Fee
Mailing Address P.O. Box 13397			_
City Philadelphia	State PA	Zip Code 19101	
Outstanding Balance Beginning This Period 9.00			Transaction ID : PAYD3967
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
0.00	1 7	0.00	9.00
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	33.12
2) TOTALS This Period (last page this line number of	only)	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	ry Page (last page only) ▶	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Call Center CrossClick Media, Inc. Mailing Address 8725 S. Eastern Avenue, #200-661 State Zip Code Las Vegas ΝV 89123 Transaction ID: PAYD3962 Outstanding Balance Beginning This Period 62747.69 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 62747.69 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reporting Services Deane & Company Mailing Address 1787 Tribute Road, Suite K City State Zip Code Sacramento 95815 CA Outstanding Balance Beginning This Period Transaction ID: PAYD4724 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 14011.65 14011.65 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consulting Services Hodgins, James P., , , Mailing Address P.O. Box 3587 City State Zip Code CA 92781 Tustin Outstanding Balance Beginning This Period Transaction ID: PAYD3804 1489.05 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 1489.05 78248.39 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consulting Services Hodgins, James P., , , Mailing Address P.O. Box 3587 City State Zip Code Tustin CA 92781 Transaction ID: PAYD3959 Outstanding Balance Beginning This Period 9000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Management Consulting Services** InFind.com, Inc. Mailing Address 12021 Wilshire Blvd., Suite 634 City State Zip Code Los Angeles 90025 CA Outstanding Balance Beginning This Period Transaction ID: PAYD1975 6100.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 6100.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Management Consulting Services** InFind.com, Inc. Mailing Address 12021 Wilshire Blvd., Suite 634 City State Zip Code Los Angeles CA 90025 Outstanding Balance Beginning This Period Transaction ID: PAYD2183 20000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 20000.00 0.00 35100.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full)  Foundation for a Greater America, Inc.				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Jeff Taylor Graphics			Nature of Debt (Purpose): Design of Logo, Letterhead and Envelopes	
Mailing Address 2633 Lincoln Blvd., Suite 837				
City Santa Monica	State CA	Zip Code 90405		
Outstanding Balance Beginning This Period			Transaction ID : PAYD2201	
2075.00				
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period	
0.00		0.00	2075.00	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  John Cowan Law			Nature of Debt (Purpose): Legal Services	
Mailing Address 100 Pine Street, Suite 1250				
City San Francisco	State CA	Zip Code 94111		
Outstanding Balance Beginning This Period 15550.15			Transaction ID : PAYD1976	
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period	
0.00		0.00	15550.15	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Propel Management Group, Inc.			Nature of Debt (Purpose): Consulting Services for Call Center	
Mailing Address 3625 W. Macarthur Blvd., #302.				
City Santa Ana	State CA	Zip Code 92704		
Outstanding Balance Beginning This Period 726.78			Transaction ID : PAYD2239	
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period	
0.00		0.00	726.78	
SUBTOTALS This Period This Page (optional)      TOTALS This Period (last page this line number or			18351.93	
TOTALS This Period (last page this line number only)  TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 51 OF
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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Professional Services** Propel Management Group, Inc. Mailing Address 3625 W. Macarthur Blvd., #302. State Zip Code Santa Ana CA 92704 Transaction ID: PAYD3507 Outstanding Balance Beginning This Period 129.55 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 129.55 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Computer Services Spaziano, Joe, , , Mailing Address 1928 E. Van Owen Avenue, Apt. A City State Zip Code 92867 Orange CA Outstanding Balance Beginning This Period Transaction ID: PAYD3516 80.96 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 80.96 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Penalty Fee State of California-Franchise Tax Board Mailing Address P.O. Box 942857 City State Zip Code CA 94257 Sacramento Outstanding Balance Beginning This Period Transaction ID: PAYD3963 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 250.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Services Womble Carlyle Sandridge & Rice, LLP Mailing Address 1200 19th Street NW, Suite 500 State Zip Code Washington DC 20036 Transaction ID: PAYD2208 Outstanding Balance Beginning This Period 12264.92 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 12264.92 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Services Womble Carlyle Sandridge & Rice, LLP Mailing Address 1200 19th Street NW, Suite 500 City State Zip Code Washington 20036 Outstanding Balance Beginning This Period Transaction ID: PAYD2722 436.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 436.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 12700.92 1) SUBTOTALS This Period This Page (optional)..... 169760.06 2) TOTALS This Period (last page this line number only)..... 270228.21 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 439988.27 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶